#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766361** 

Entity Name: DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

FILED Aug 23, 2017 Secretary of State CC8030981507

### **Current Principal Place of Business:**

C/O DCAAA 948 N ARCADIA AVE ARCADIA, FL 33821

### **Current Mailing Address:**

P.O. BOX 292

ARCADIA, FL 34265 US

FEI Number: 59-2375630 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RUTLEDGE, BRIAN 8731 SW DEER TRAIL ARCADIA, FL 34266 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN RUTLEDGE 08/23/2017

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT Title VP

NameRUTLEDGE, BRIANNameBATES, JOBIEAddressPO BOX 292AddressP.O. BOX 292

City-State-Zip: ARCADIA FL 34265 City-State-Zip: ARCADIA FL 34265

TitleTREASURERTitleSECRETARYNameMORALES, DEEBRANameMARES, PEDROAddressP.O. BOX 292AddressP.O. BOX 292

City-State-Zip: ARCADIA FL 34265 City-State-Zip: ARCADIA FL 34265

Title BOARD Title BOARD 2

Name CLARK, GLENN Name HARRIS, STEVEN
Address P.O. BOX 292 Address P.O. BOX 292

City-State-Zip: ARCADIA FL 34265 City-State-Zip: ARCADIA FL 34265

Title BOARD 3 Title BOARD 4

Name MCCALL, RUSTY Name HORNBAKE, LESTER JR.

Address P.O. BOX 292 Address P.O. BOX 292

City-State-Zip: ARCADIA FL 34265 City-State-Zip: ARCADIA FL 34265

#### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN RUTLEDGE PRESIDENT 08/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title BOARD 5

Name SCHAEFER, JOHN

Address P.O. BOX 292

City-State-Zip: ARCADIA FL 34265